

TOWN OF PORTSMOUTH CONFIDENTIAL APPLICATION FOR EMPLOYMENT



Original application MUST be submitted- NO replications will be accepted except for "EMPLOYMENT EXPERIENCE" (page three).

In compliance with Federal and State regulations, qualified applicants are considered for all positions without regard to race, color, religion, creed, national origin, age, gender, marital status, sexual orientation, veteran status or any other legally protected status or disabilities that do not interfere with job performance.

This application constitutes part of the examination (where applicable) for the specific position which you are now applying. Please read the position examination announcement carefully and comply with all requirements. Complete the entire application and attach personal resume (if available).

Position Applied for:	Date:			
Have you ever filed an application	YesNo			
If Yes, give date:	For what position:			
Have you ever been employed by t	the Town before?	Y	esNo	
If Yes, give date:	-			
Name:				
Last	First	N	Middle Initial	
Address:				
Number Street	City	State	Zip Code	
Number of years at this address: $_$				
Email Address:				
Cell Phone Number: ()	Home Number	r: () _		
Are you at least 21 years of age?	YesNo	•		
If applicable, list previous three ac	ddresses of residence:			
				

1.	Are you available to v	vork:	Full-Tir	ne	_Part-Time _	Other
2.	Are you currently emp	oloyed?		-	Yes	No
	If yes, on what date w	ould you be av	ailable to star	rt?		
	If no, are you currently to recall from a previous	•	status or subj	ect -	Yes	No
3.	May we contact your	present employ	er?	-	Yes _	No
4.	Having read the positi in your own opinion, a position for which you	are you physica	ally qualified		Yes _	No
5	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?YesNo (Proof of citizenship or immigration status may be required upon employment)				No	
6.	If you are under 18 ye proof of your eligibility	_	you provide	_	I No	N/A
7.	Are you bi-lingual? _	Yes	No			
	If yes, please list langu	uage(s):				
8.	Do you have a valid d	river's license?	Yes	No		
	State	_ Lic#		CDL#	!	
	CATION: ame and address of last	school or colle	ge you attend	led:	Diplom	a/Degree
	Check the following to Carpentry E		•			
TRA	D E Certificate/Licens	e/Registration 1	No	S	state	

2. Describe any other specialized training or education you have received from past employment or experience.
SPECIALIZED SKILLS Office/Clerical:
Check applicable:TelephoneFaxCalculatorTypewriterPayroll Data Input
<u>Fire/Police:</u> (List skill/equipment operated)
<u>Public Works:</u> (List skill/equipment operated)
COMPUTER EXPERIENCE :Data InputWord ProcessingExcelWord
List other software programs you are familiar with:
OTHER QUALIFICATIONS:
Summarize any special job-related skills and qualifications or any additional information that you feel may be helpful in considering your application.
Please list any professional, trade, business or civic activities and offices held. (You may exclude those which would reveal race, color, religion, creed, national origin, age, gender marital status, sexual orientation, veteran status or any other legally protected status or disabilities that do not interfere with job performance.)

EMPLOYMENT EXPERIENCE:

Start with your present or most current job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, creed, national origin, age, gender, marital status, sexual orientation, veteran status or any other legally protected status or disabilities that do not interfere with job performance.

Employer	Dates of Employment
Address	Telephone Number(s)
Job Title	Supervisor
Reason for Leaving	
Employer	Dates of Employment
Address	Telephone Number(s)
Job Title	Supervisor
Reason for Leaving	
Employer	Dates of Employment
Address	Telephone Number(s)
Job Title	Supervisor
Reason for Leaving	

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Name & Address	Phone #
	()
Name & Address	Phone #
	()
Name & Address	Phone #
ADDITION TO STATEMENT OF A	CDEEMENT
APPLICANT'S STATEMENT OF A	GREEWIENI
certify that answers contained herein are true and complete false statement or willful misrepresentation of facts maximination, interview, eligibility listing and/or removal facts.	y be cause for disqualification in
understand that all statements contained on this form a restigation and verification of all facts as may be necess a employment decision.	
hereby release my former employers or staff from all iving false information, in responding to inquiries in comployment.	
hereby understand and acknowledge that, unless otherwing imployment relationship with this organization is of an "a need the Employer may resign at any time and the Employer me with or without cause. It is further understood elationship may not be changed by any written documentage is specially acknowledged in writing by an organization.	at will" nature, which means that may discharge Employee at any that this "at will" employment ment or by conduct unless such

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.